

VSH Futures Advisory Committee
April 17, 2006 2:00 – 4:30 PM

Minutes

Next committee meeting: May 15, 2006 2:00 to 4:30 PM Skylight, Waterbury

PRESENT

Advisory Committee Members: Conor Casey, VSEA; Larry Thompson, VSH; JoEllen Swaine, VSH; John Malloy, VSH; Anne Jerman, VSH; Jackie Leman, client, peer support worker-HCHS; Stan Baker, HCS DD Council; Jack McCullough, MHLF; Gregory Miller, M.D., VPMA, Retreat Healthcare; Sally Parrish; Diane Bogdan, DOC; Rep. Anne Donahue, Human Services Committee; Larry Lewack, NAMI-VT; Linda Corey, VPS, Inc.; Kitty Gallagher, VT State A S C; Ken Liberto, VAMH; Jeff Rothenberg, VT Council/CMC; Michael Hartman, Exec Directors/DAs; David Fassler, VPA; Michael Sabourin, advocate, consumer parent.

Guests:

Julie Tessler, VT Council; Nick Emlen, VT Council; Maria Baseau, Retreat Healthcare; Scott Thompson, CRT; Bruce Spector, BISHCA

Staff:

AHS Secretary Cindy LaWare; Deputy Secretary Steve Gold; and Heidi Tringe.
DMH Deputy Commissioner Paul Blake; Beth Tanzman; Judy Rosenstreich; Dawn Philibert; AAG Wendy Beininger; and from BGS, Mike Kuhn.

Certificate of Need (CON) Issue

Beth informed participants and guests that the House Human Services Committee voted 8-2 in opposition to the administration's recommendation to limit BISHCA's review of proposed inpatient facilities (the primary and smaller capacity inpatient sites), favoring instead no change in current statutory requirements for CON review. Beth distributed the resulting, longer timeline that DMH anticipates, pointing out that the projected dates are estimates only and subject to revision.

Discussion included questions about the timeline, including why the state did not seek legislative authority to expedite BISHCA's timeline and why the letter of intent to BISHCA cannot be submitted earlier than the 9/4/06 date in the timeline. Beth offered that the letter of intent requires a cost estimate which we will have at the conclusion of the work with Architecture Plus. She added that the projected timeline has many unknowns, that BISHCA has authority to deem an application complete, and that the CON process involves a considerable effort, including: writing and planning tasks; policy and program development; fiscal analysis; architectural design; and legal review.

Ken asked what additional expertise and/or staffing might DMH need to see our project vision fulfilled within the framework of the CON process. Beth appreciated Ken's suggestion that we

all must “get our oars in the water” to help and indicated that if there are areas that the committee can be helpful, she will ask.

Architecture Plus

Scott highlighted the cancellation of two Architecture + meetings, questioning the need to continue the interactive process with the Facilities Work Group. Anne asked if additional meetings would be scheduled for stakeholder input prior to the June 12th rollout. Beth advised that DMH may or may not need another meeting unless commentary would help in regard to the assessment of materials, site requirements, lot coverage, and other core aspects of this preliminary architectural phase.

Mike Kuhn added that he was working with Architecture Plus, the architectural firm under contract with BGS, to develop information to present to the advisory committee. Some critical pieces of work being done at the FAHC site are transferable in the evaluation of other sites, e.g., the projected costs and square footage necessary for a stand-alone building are being figured on the property where the old health department lab sits even though that location is unlikely to be selected for an inpatient facility.

David shared his opinion that FAHC may not be able to offer a feasible site. If so, where might we identify alternative sites? Given that the advisory committee asked the state to examine the feasibility of FAHC first, Beth indicated that DMH was doing so. Beth requested David’s thinking concerning other potential sites for a primary inpatient facility.

Housing and Stigma

- NOTE: Prior to this agenda item, Mike Sabourin moved, seconded by Conor Casey, to reverse the order of agenda items II (housing and stigma) and III (work group reports). The motion failed: 6 in favor, 10 opposed.

HOUSING and STIGMA --- Jeff Rothenberg, CRT Council
Ken Liberto, Housing Work Group

Advisory committee participants received a written report from Jeff, “Stigma and the Future of the Mental Health Service Delivery System in Vermont.” (March 2006) Speaking for the CRT Directors Group, Jeff conveyed their belief that stigma toward people with mental illness is the most significant mental health issue facing our state. He recommended three steps to address stigma:

1. Support the housing contingency funds;
2. Support the transportation needs of disabled persons; and
3. Begin the planning necessary to address the needed transitional services for children as they reach adulthood.

Ken stressed the importance of housing to make the Futures project work, i.e. the need to create momentum for a housing plan that is part of, not separate from, the Futures plan. He recognized

the MH division's Brian Smith as very knowledgeable and experienced in this area whose involvement will help us to succeed.

Ken offered to schedule housing work group meetings with the understanding that by fall we will develop a tangible program with a budget proposal for the Governor. He would use the VAMH annual meeting on October 19, 2006, to present the work group's plan.

Discussion of the housing contingency fund ensued with Jack McCullough advising that the need for long-term housing subsidies, not short-term or bridge money, is the priority. Beth provided funding and programmatic background about the Housing Contingency Fund and its \$300,000 appropriation. Jack asked how many additional clients need permanent housing assistance, suggesting that a new state program is needed to fund this.

Anne Donahue reminded participants that endorsement of the Futures plan was came about in the context of the need for a full range of services, including the mental health corrections plan. She strongly supported financial guarantees similar to those extended to the Valley Vista project as endorsed by the CRT Council. While concurring on the need for a long-term plan, she supported short-term funding in *this* year's housing contingency fund for CRT clients.

Jeff stated the CRT directors' support to add \$100,000 to housing contingency in FY 07.

Stan Baker requested that a representative of the developmental disabilities community be added to the housing work group.

Larry Lewack suggested that the Department of Health has considerable, established resources to develop public health messages to address stigma as they have done with smoking cessation and Ladies First. NAMI would be on board to help with this. Linda Corey also welcomed collaboration with VDH to devise a public information strategy to address stigma, requesting inclusion of Vermont Psychiatric Survivors (VPS) and the Vermont Association for Mental Health (VAMH) in the process. Jackie Lemon noted her membership in the MH Education Initiative Speakers Bureau as a potential resource.

Sandy focused attention on broader housing issues. Getting people housing is one step, supporting their special needs is another, such as community integration with neighbors.

Ken offered that the parity issue is now at the forefront of federal legislation given S.1955, a bill in the U.S. Senate that would override state parity laws on health care coverage. Action is anticipated in early May.

- Wrapping up discussion of the CRT directors' report, Ken moved / Anne seconded to recommend to the Secretary a \$150,000 increase in the housing contingency fund whether by reallocation or by injection of new money. David reminded participants that Secretary Charlie Smith had actually recommended 500K for housing to begin in April 07. The vote on Ken's motion for a \$150,000 increase: In favor, 21. Opposed, 0.

Scott Thompson shared that the obligation to pay the first and last month's rent plus a security deposit makes the housing contingency money a really important stepping stone to recovery.

Work Group Reports

RESIDENTIAL RECOVERY and WILLIAMSTOWN --- Michael Hartman

Michael Hartman reported that the consortium of three agencies (WCMH, CMC, and HCHS) has completed the initial phase of community outreach in Williamstown. They have held meetings on the proposed conversion of the Autumn Harvest Inn property on Rt. 64 to a community residential recovery (CRR) facility (possibly named "Second Spring") with...

1. Williamstown select board
2. Williamstown Economic Development Council
3. adjoining neighbors
4. public information meeting

For the purpose of future, ongoing community integration, they plan to establish a Program Community Advisory Group. This will provide a forum for feedback and discussion of program initiatives to build community rapport with CRR residents. Fire, rescue and police services are not expected to increase as a result of this change in use.

Michael distributed the floor plan for Second Spring, detailing the 14 bedrooms with private baths, kitchen and dining areas, staff offices for nursing, psychiatry and clinical records, and lounges. The plan is to start with 10-11 residents. The change of use requires an Act 250 permit. When used as an inn, the building was approved for 24 guests and a 45-seat dining room. Building code requirements such as GFCI's and sprinklers will be met. Other changes specific to the health, safety and security of CRR residents include window glass replacement with tempered glass, wire security system to guard screens, and overhead lights in bedrooms to eliminate lamp cords. The Department of Labor has done a walkthrough of the building.

Michael projects the completion of the building renovations by late summer and the opening of the facility in the fall. Staff will be recruited over the next several months. The consortium does not yet have a corporate structure or final budget.

The advisory committee discussed security issues, questioning the locking of doors 24/7 other than the front entrance. Michael explained that, otherwise, we would not know who may have left or in which direction. The front door will be staffed or supervised.

Anne asked when DMH expects to complete the "CON-lite" process, i.e. the certificate of approval (COA) process. Dawn Philibert clarified that the division is developing the COA criteria. Beth added that the Commissioner of Health has the authority to grant approval.

Anne was interested in how the CRR program would meet the goal of reducing coercion, minimizing involuntary treatment. Michael recalled that the CRR work group did not envision or recommend serving people who are clinically and legally involuntary...that the program aims to serve people who want to be there. Individuals meeting the characteristics of Quadrant IV (in

the program description handed out at the March Advisory Committee meeting) were generally not the target group for residential recovery.

- Anne Donahue moved / Jack McCullough seconded that the Futures program description endorsed by the advisory committee be revised to clarify that Quadrant IV is not part of the CRR, exclusive of orders of non-hospitalization (ONH). The motion passed. Voting in favor: 16 Opposed: 2 Abstentions: 3

ACTUARIAL STUDY --- Beth Tanzman

Beth expects written report May 10. Ken asked for clarification on what happens when this report is done...what opportunity will the advisory committee have to consider it. Beth explained that it always was our plan to evaluate the actuarial findings, to reconcile the numbers with our own planning documents, to forward the report to the commissioner of health and to the secretary for their consideration. There are likely to be some ranges and contingencies built into the planning process.

ARCHITECTURAL WORK --- Mike Kuhn

Mike summarized work to date. Taking input from the facilities work group, i.e., what we want and need in a new facility, his team is studying feasibility of FAHC as primary site, including infrastructure requirements, topography, memorandum of understanding with the City of Burlington, and other pertinent considerations. He also is assessing secondary sites (RRMC and Retreat Health Care). The June 12 presentation date looks very optimistic.

Outreach has begun in Burlington but not yet in Rutland or Brattleboro. Rutland desires same opportunity to hear about need for more beds and to express concerns. There is agreement that community dialogue is needed in these communities.

David Fassler suggested putting on the table other configurations, such as a smaller, still primary, unit at FAHC plus free-standing, 16-bed unit on grounds of community hospital. One potentially available building is Copley Manor; built to nursing home standards, it could operate under the FAHC license.

In response, Mike Kuhn, explained that the preliminary architectural work's direction is based on the recommendation of the advisory committee to first assess the feasibility of the FAHC site for a primary facility. This is being done in a way that will facilitate use of the engineering, architectural, and financial data being gathered in respect to FAHC for other potential sites if we move in that direction. David agreed that we had decided to look first at Fletcher Allen and, if that site is not feasible, look elsewhere. Given the new timeline of 2012, he argued that we have a responsibility to look at the full range of alternatives up front, as these will be required in a CON application.

VSH EMPLOYEES FUTURES WORK GROUP --- Judy Rosenstreich

Judy reported that the work group has met twice. It is comprised of 10 individuals –

5 VSH employees and union representatives and 5 representing VDH, VSH management, and human resources personnel. Steve Gold convened the group and gave its charge.

1. Identify whole range of options for future of VSH staff
2. Analyze pros and cons of each option
3. Identify preferred options
4. Describe requirements for each option to succeed
5. Develop report for Futures advisory committee to consider and make recommendations to the Secretary of Human Services. Due August 1st.

HRD manager for the Agency of Human Services, Gail Rushford, will facilitate group.

Conor Casey commented that they have made a good first step. Questions are pending as to location, partners, etc. of a new primary inpatient facility.

PUBLIC COMMENT WAS TAKEN

Larry Lewack requested of the chair to take up an item not on the agenda. His request granted, Larry distributed the language of a motion to support pending legislation that would keep the advisory committee process in place beyond the sunset date of June 2006.

- It was moved by Larry / seconded by Anne to recommend to the Vermont legislature that the language of H.644 be included as an amendment to the FY 07 state capital or appropriations bill, to authorize the continued existence and mandate of the VSH Futures Advisory Committee. Voting in favor, 16. Opposed, 0. Abstain, 3.

Crisis Beds

Jeff Rothenberg agreed to convene the first meeting of a work group to develop the crisis bed aspect of the Futures program. He asked for volunteers.

Wrap and Next Steps

The meeting adjourned at 4:30 PM

SUBMITTED BY: Judy Rosenstreich
jrosen@vdh.state.vt.us
802-652-2000